

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID Number		PARC0000B1849		EIN			
Handler Name		The Purolite Company Inc					
Street		3670 G Street					
City		Philadelphia		State		PA	
				Zip Code		19134	
Actual Generator Status <small>Check only if different from Notified Status.</small>				LQG <input type="checkbox"/>		SQG <input checked="" type="checkbox"/>	
				CESQG <input type="checkbox"/>		Closed <input type="checkbox"/>	
				Non-Handler <input type="checkbox"/>			
Universe Change Required? <small>(Generator Status Change Required)</small>		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		If YES, complete the Universe Change Section (on reverse side of this form).	
RCRA Non-Notifier?		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		If YES, complete the Handler Section (on reverse side of this form).	
Other Facility Information Changes?		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		If YES, complete the Handler Section (on reverse side of this form).	
*EVALUATION		<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Update		<input type="checkbox"/> Delete	
You must provide an Evaluation Identifier (also known as the Sequence Number).							
*Evaluation Identifier		*Type		*Evaluation Start Date <small>(mm/dd/yyyy)</small>		*Agency	
CEI		CEI		1/17/2007		S	
						Responsible Person	
						LAJ	
						Suborganization	
						WM	
Day Zero (mm/dd/yyyy): <small>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</small>				1/17/07		Reclassified SV Date: <small>Only applicable for SNN evaluation type as appropriate.</small>	
Notes: NO VIOS							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <div style="text-align: center;"><i>Regulation-Specific FCI</i></div> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <div style="text-align: center;"><i>Routine/Standardized FCI</i></div> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
				If Yes, fill in the Violations Section(s) on page 2 of this form.			
Does this Evaluation link to a Commitment?				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
				If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
Does this Evaluation link to a 3007 Request?				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
				If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.			
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
				If Yes, fill in information below.			
*Seq. No.	*Violation Type	*Agency	*Regulation Citation <small>(Type + Citation) (ex. FR 262.1)</small>			*Date Determined <small>(mm/dd/yyyy)</small>	

*Required Fields



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 7/17/07

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

**GENERATOR****S Q GENERATOR**Company name The Purolite CompanyI.D. Number PAR00031849Site Address 3620 G StreetCounty PhiladelphiaMunicipality PhiladelphiaZip 19134Name of Inspector Laura JohnsonName & Title of Responsible Official Ken Shaner, Environmental Health and Safety ManagerPerson Interviewed Ken ShanerTelephone (610) 668-9090

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☒ Small Quantity HandlerUniversal Waste Types waste lamps, batteries**3. Hazardous Waste Transporters:**Transporter Name Clean Venture Inc.License Number NJ0000027193

Transporter Name _____

License Number _____

Transporter Name _____

License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D005	Waste Barium nitrate	Cycle Chem, Inc.
D001, D028,F003	Waste flammable liquid	550 Industrial Drive
D002	Waste corrosive liquid	Lewisberry, PA 17339
		PAD067098822

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name The Purolite Company ID Number PAR00031849 Date _____

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name The Purolite Company ID Number PAR00031849 Date _____

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection 1/17/2007 Complaint Number PAR000031849

Company/Facility/Site Name The Purolite Company

A small quantity generator inspection of The Purolite Company of 3620 G Street Philadelphia, PA 19134 took place on January 17, 2007 by Laura Johnson from the Department. Ken Shaner, Environmental Health and Safety Manager was the facility guide. The Purolite Company had never been inspected by the Department prior to this inspection. The facility is a manufacturer of ion exchange resins. The facility operates 24 hours a day 7 days a week; with only about 2- three week shut downs in a year. The following observations were observed during the inspection:

1. The inspection began with a discussion of the facilities operations. The facility takes monomers and converts them to polymers using a catalyst. Most of the waste that is created is from contaminated water that the facility has a City of Philadelphia Wastewater Discharge Permit for (PUR00010150BD). The discharge water is pH adjusted and monitored monthly for semi volatiles and volatiles.
2. A tour of the facility was then taken. The process areas were observed and appear to be kept neatly with no waste issues observed. The isobutyl alcohol condenser was observed. Here the IBA is recycled into the process continually until it is too contaminated to be further used. When the IBA is deemed to be too contaminated it is declared a waste and is shipped out as such. At the time of the inspection there was no waste IBA at the facility. The facility also does not have a hazardous waste storage area, as they regularly do not have waste to store. The facility will be setting up a storage area in the new warehouse they recently purchased. It is advised that the PPC be changed to reflect this new area once it is in use, it should also be noted that once a 180 day storage area is set up a weekly inspection log will need to be maintained.
3. The tank room was next observed. Here the facility stores 100% sulfuric acid and oleum. Currently the facility is sending the used sulfuric acid and oleum to a recycler in South Carolina. The spent products are not treated as waste while being store at the facility; they are currently sending approximately one tanker of these spent products out a day (44,000 lbs). The spent acids are stored in tanks which had proper secondary containment. A question arose while

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Faxed to Facility Date 1/22/07

Inspector (signature) Laura Johnson Date 1/22/07

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection 1/17/2007 Complaint Number PAR000031849

Company/Facility/Site Name The Purolite Company

writing this inspection report as to whether the spent acid is in fact exempt from the hazardous waste regulations. After researching the matter with the help of Mr. Shaner it was decided that the spent sulfuric acid is exempt under 40 CFR Section 261a.4(7), the materials should be managed as a residual waste pursuant to Pa Code Title 25 Section 261.a.2 while they are at the facility. This means that the tanks should be labeled and a visual inspection of the tanks should take place on a regular basis with the results being recorded. The sulfuric acid is already sent out with a bill of lading, which is the proper record keeping.

4. The quality control labs were then observed. Here very little waste is generated unless there is a chemical cleanout of the lab. No wastes were observed in this area.
5. The waste water treatment tanks were observed. These tanks are continuously monitored and pH adjusted as needed. This process appeared to be in good working order and no issues were observed.
6. Lastly the paperwork review was conducted. During this review a question arose regarding the facility's management of off-spec copolymers. Historically the facility had been treating these as residual waste, but a new process was implemented where they began selling the copolymers to a cement kiln to be used as fuel. The question was asked if this is to be counted in the facility's residual waste report. After reading the regulations it was found that this process meets the definition of a co-product found in the Residual Waste Regulations of the Title 25 PA Code. The company should ensure that they keep a copy of the contract with the cement kiln for inspection and that the co-product has a BTU value of greater than 5,000BTU/ hour. Mr. Shaner assured this inspector that copolymer has a BTU of around 10,000-15,000. This information should be kept available for inspection. Since this material meets the definition of a co-product it does not need to be recorded in their residual waste reporting, however on the residual waste biennial report there is a box that needs to be checked declaring they use a co-product.

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Person interviewed (signature) Fayed to facility Date 1/22/07
Inspector (signature) [Signature] Date 1/22/07

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection 1/17/2007 Complaint Number PAR000031849

Company/Facility/Site Name The Purolite Company

7. The training records, PPC and manifests all appear to be thoroughly and completely kept. Copies of the manifests for hazardous waste, the bill of lading for the co-product and a bill of lading for the sulfuric acid were all taken and are included with this report.

NO VIOLATIONS NOTED

A Copy of this report will be faxed to the facility

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) *Letter to Facility* Date 1/27/07

Inspector (signature) *[Signature]* Date 1/27/07

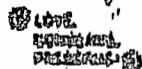


FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

EMESSTRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Thank you for using EMES

Please place PRO Number here.



FREIGHT CHARGED

DATE: 8/9/06

B/L #:
PO #:

SHIPPER (FROM):

PUROLITE COMPANY (PURPHI)
3620 G ST & ERIE ST
PHILADELPHIA, PA
(800) 666-0000
610-668-9090

CONSIGNEE (TO):

Actual Delivery:
ROYSTER CLARK (ROYHAR)
201 SOCIETY AVE
HARTSVILLE, SC

COD

Amount:

COD Fee:

BILL TO (PAYOR):

EMES
P.O. Box 22245
Charleston, SC 29413

REMIT TO (COD):

Subject to section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

Pieces	Qty	Description	Type	MMFC No.	Class	Weight (lbs)
01	<input checked="" type="checkbox"/>	Sulfuric Acid, spent, 8, UN 1832, PG II	TT			44,000 lbs
	<input type="checkbox"/>	1800-424-9300				
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

Additional Instructions:

LOT # 1-17-07-1

HAZARDOUS MATERIALS EMERGENCY CONTACT: Billy Blackburn 843-991-2957

Total Shipping Units:

FREEZABLE - NO

Total Weight:

Carrier Liability: Shipments valued at more than \$25.00 per pound are of extraordinary value. Carrier's maximum liability is \$25.00 per pound per package subject to \$125,000.00 maximum total liability per shipment. The agreed value on household goods, used machinery, or personal effects does not exceed ten cents per pound per article, unless otherwise specified.

NOTE-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.

Shipper hereby certifies that he understands that all transportation by ODFL shall be subject to the terms and conditions of the Bill of Lading contract shown in the NMFC 100 book, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER:

AUTHORIZED SIGNATURE: (Shipper)

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE NATIONAL MOTOR FREIGHT CLASSIFICATION AS SHOWN IN THE NMFC 100 SERIES.

TALLY
RECORD

TOTAL

DATE:

MAU RECEIVED:

TRAILER NO.:

CARRIER:

AUTHORIZED SIGNATURE: (Driver)

(Name of Carrier)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading.

At 3620 "G" Street, Phila., PA 19134 20 FROM THE PUROLITE COMPANY

the property described below, in apparent good order, except as noted (contents and condition of contents of package unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Freight Bill of Lading set forth (1) in uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNEE

System

CITY

STATE

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Condition of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
19	skids (polymer)				<p>(Signature of Consignor.)</p> <p>If charges are to be prepaid, write or stamp here, "To be Prepaid."</p> <p>TO BE PREPAID</p> <p>Received \$ _____ to apply in prepayment of the charges on the property described hereon.</p> <p>Agent or Cashier</p> <p>Per _____ (The signature here acknowledges only the amount prepaid.)</p>
11	40 cwt Boxes polymer				
7	sacks Bag resin				
1	sack poly				
		28,374			
	SYNTHETIC SILICA, NOI, DENSITY OF 20#/CF OR GREATER				<p>APPROVALS:</p> <p>SHIPPER _____</p> <p>O.C. _____</p>
	NMFC # 176370-3 CLASS 50				

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

per

†The Fibre Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of "Item 222 of National Motor Freight Classification". + Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

BILLING ADDRESS:

THE PUROLITE COMPANY
150 Monument Road
Bala Cynwyd, PA 19004

ATTACH COPY #2
TO INVOICE

SHIPPER, PER

AGENT, PER

10-12-06

Charges advanced:

\$

4

Permanent postoffice address of shipper.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number P0000031849		2. Page 1 of 1		3. Emergency Response Phone (410) 368-9170		4. Manifest Tracking Number 000747280 JJK		
		5. Generator's Name and Mailing Address The Purcrite Company 2620 D Street Philadelphia, PA 19134		Generator's Site Address (if different than mailing address) SAME						
Generator's Phone: (610) 668-9030		6. Transporter 1 Company Name CLEAN VENTURE INC.				U.S. EPA ID Number NJ0000027193				
		7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Von Roll America, Inc. 1250 Saint George Street East Liverpool, OH 43920						U.S. EPA ID Number OH0990613541				
Facility's Phone: (330) 385-7337										
GENERATOR	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	X	1. Waste Organic Peroxide, Type C, Liquid, (Tert-butyl peroxy-2-ethylhexanoate 97-100%), 5.2 UN3113 PG II, ERG# 1.1				X1	DF	85	P	D001 D003
	X	2. Waste Organic Peroxide, Type D, Liquid, (T-amyl peroxyneodecanoate (77%)), Temperature Controlled, 5.2 UN3113 PG II, ERG# 1.1				X1	DF	45	P	D001 D003
	X	3. Waste Organic Peroxide, Type C, Liquid, (T-amyl peroxyneodecanoate (77%)), Temperature Controlled, 5.2 UN3113 PG II, ERG# 1.1				X1	DF	43	P	D001 D003
X	4. Waste Organic Peroxide, Type C, Solid, (Di-4-tert-butyl cyclohexyl peroxydicarbonate 100%), 5.2 UN3114 PG II, ERG# 1.1				X1	DF	40	P	D001 D003	
14. Special Handling Instructions and Additional Information 702534/-1/10301/21954										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name						Signature		Month Day Year		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name						Signature		Month Day Year		
Transporter 2 Printed/Typed Name						Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H141		2. H141		3. H141		4. H141				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name						Signature		Month Day Year		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 000000031044		2. Page 1 of 3		3. Emergency Response Phone (410) 368-9170		4. Manifest Tracking Number 000741974 JJJ		
		5. Generator's Name and Mailing Address The Purcell's Company 3620 Q Street Philadelphia, PA 19134 Generator's Phone: (610) 668-9090				Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name CLEON VENTURE INC.						U.S. EPA ID Number 1120000027193				
7. Transporter 2 Company Name						U.S. EPA ID Number				
8. Designated Facility Name and Site Address CYCLE CHEM. INC. 350 INDUSTRIAL DRIVE LEWISBERRY, PA 17339 Facility's Phone: (717) 938-4700						U.S. EPA ID Number EDWE7034822				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
						No.	Type			
	X	1. Waste Barium nitrate 5.1 (6.1) UN1446 PG II				X1	DF	85	P	D001 D005
	X	2. Waste flammable liquid, toxic, N.O.S. (CP) 3 (6.1), UN1997, PG II				X1	DM	150	P	D001 D002 D003 D004 D005
	X	3. Waste self-heating solid, organic, N.O.S. (CP) 4.2, UN3088, PG II				X1	DF	30	P	D001
X	4. Waste corrosive liquid, acidic, organic, N.O.S. (CP), UN3765, PG II				X1	DF	45	P	D002	
14. Special Handling Instructions and Additional Information 702554/-1/9712/E1315 (1)STX1-A (2)UX (3)SPC (4)VOA (2)WEEKS UNCL										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name Ken Shanes					Signature <i>Ken Shanes</i>			Month Day Year 8/21/01		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
	Transporter signature (for exports only):									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name John W. Conley					Signature <i>John W. Conley</i>			Month Day Year 12/21/01	
Transporter 2 Printed/Typed Name					Signature			Month Day Year		
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone:									
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1.		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name					Signature			Month Day Year		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number PAR000031849		2. Page 1 of 1		3. Emergency Response Phone (410) 368-9170		4. Manifest Tracking Number 000747287 JJK		
		5. Generator's Name and Mailing Address The Purolite Company 3620 G Street Philadelphia, PA 19134		Generator's Site Address (if different than mailing address) SOME						
Generator's Phone: (610) 668-9090										
6. Transporter 1 Company Name CLEAN VENTURE INC.		U.S. EPA ID Number NJ0000027193								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address CYCLE CHEM, INC. 550 INDUSTRIAL DRIVE LEWISBERRY, PA 17339		U.S. EPA ID Number								
Facility's Phone: (717) 938-4700		PAD057098822								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes
						No.	Type			
	X	1. Waste Bromine or Bromine solutions Poison-Inhalation Hazard Zone A, B, (6.1) UN1744 PG I				X4	CF	27	P	DD02
	X	2. Waste Mercury & UN2803 PG III				X1	CF	48	P	DD03
		3. Universal Waste-Lamps				X3	CF	80	P	NONE
X	4. Batteries, used, 16.05, 18.05, 2799, 2800				X1	DF	46	P	DD04	
14. Special Handling Instructions and Additional Information 1) PIH-24 (2) MD-27 (3) FR-5 (4) BL-1										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____										
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	Transporter signature (for exports only): _____									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____				
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____									
Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H141			2. H141			3.			4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name _____					Signature _____					Month _____ Day _____ Year _____

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
		PAR0000031845	2013	000741954 JJK		
24. Generator's Name The Runkle Company						
25. Transporter Company Name				U.S. EPA ID Number		
26. Transporter Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt/Vol.	31. Waste Codes
		No.	Type			
X	(1) Waste toxic solids, organic, N.O.S. (LP4) 6.1 UN 2811, P6II	X1	DF	45	P	U184, D004 P105
X	(2) Waste Comphos, 4.1, UN 2717, P6II	X1	DF	5	P	D001
X	(3) Waste Corrosive liquid, basic, organic, N.O.S. (LP5), 8, UN 3266, P6II	X1	DF	9	P	D002
X	(4) Waste Aerosols, flammable, 2.1, UN 1950	X1	DF	4	P	D001
X	(5) Waste Oxidizing liquid, N.O.S. (LP8) 5.1, UN 3159, P6II	X1	DF	7	P	D001
X	(6) Waste Corrosive liquid, basic, organic, N.O.S. (LP5), 8, UN 3267, P6II	X1	DF	10	P	D002
X	(7) Waste Dimethyl Sulfide, 6.1, UN 1555, P6I POISON INHALATION HAZARD ZONE B	X1	CF	6	P	U103
X	(8) Waste methyl iodide, 6.1, UN 2644, P6I POISON INHALATION HAZARD ZONE B	X1	CF	5	P	U138
X	(9) Waste organic peroxide, type D solid, N.O.S. (Benzoyl peroxide) 5.2, UN 3106, P6II	X1	DF	8	P	D003
X	(10) Waste organic peroxide, type E liquid, N.O.S. (di-tert-butyl peroxide) 5.2, UN 3107, P6II	X1	DF	7	P	D003
32. Special Handling Instructions and Additional Information (1) UN 26 4.1 CF 1 (2) P1H (3) PPX (4) UN 27 4.1 CF 1 (5) P1H (6) UN 28 4.1 CF 1 (7) P1H (8) UN 29 4.1 CF 1 (9) PPX						
33. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
34. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number PAR00031849	22. Page 3 of 3	23. Manifest Tracking Number 00041574 JJK	
24. Generator's Name The Purdie Company					
25. Transporter _____ Company Name				U.S. EPA ID Number	
26. Transporter _____ Company Name				U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt/Vol
X	(1) Waste organic peroxide type D liquid, n.o.s. (Butyl peroxide 355-trimethyl, 1100-50-5) 5.7, UN3105, PG II	X1	DF	7	P
X	(2) Waste organic peroxide type D liquid, n.o.s. (Butyl peroxide 1100-50-5) 5.7, UN3105, PG II	X1	DF	7	P
X	(3) Waste dimethyl ether, 2.2, UN1055	X1	CF	8	P
	(4) NON DOT / EPA regulated solids (IP17)	X1	DM	125	P
X	(5) Compressed gas, n.o.s. (Comp. Hydrocarbons sulfur) 2.2, UN1056	X1	CF	5	P
32. Special Handling Instructions and Additional Information (1) RPK (2) SETUS (3) CKS (2) RPK (4) AC					
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year					
35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <u>PA-000318-19</u>		2. Page 1 of <u>1</u>		3. Emergency Response Phone <u>(412) 368-9170</u>		4. Manifest Tracking Number <u>000741975 J</u>		
		5. Generator's Name and Mailing Address <u>The Purditt Company</u> <u>3600 B Street</u> <u>Philadelphia, PA 19134</u>		Generator's Site Address (if different than mailing address) <u>SAME</u>						
Generator's Phone: <u>(610) 668-9090</u>		6. Transporter 1 Company Name <u>CLEAN VENTURE INC.</u>				U.S. EPA ID Number <u>NJ0000027193</u>				
7. Transporter 2 Company Name						U.S. EPA ID Number				
8. Designated Facility Name and Site Address <u>LYLIE CHEM INC.</u> <u>217 South First Street</u> <u>Elizabeth, NJ 07206</u>		U.S. EPA ID Number <u>NJ000200046</u>								
Facility's Phone: <u>(908) 355-5800</u>										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. <u>Chloroform, 3 (8), UN188, PETL</u>				No.	Type			
						<u>X1</u>	<u>OF</u>	<u>X6</u>	<u>P</u>	<u>001</u>
		2.								
		3.								
	4.									
14. Special Handling Instructions and Additional Information										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name <u>Ken Shaner</u>						Signature <u>Ken Shaner</u>		Month Day Year <u>12/21/0</u>		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name <u>Ken Shaner</u>					Signature <u>Ken Shaner</u>		Month Day Year <u>12/21/0</u>		
	Transporter 2 Printed/Typed Name					Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number				
	Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator)										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1.		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name						Signature		Month Day Year		

(Name of Carrier)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading.

At **3620 "G" Street, Phila., PA 19134** 20 FROM **THE PUROLITE COMPANY**

the property described below, in apparent good order, except as noted contents and condition of contents of package unknown, marked, consigned, and destined as indicated below, which said carrier (the word carrier, being understood thro contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in uniform Freight Classifications in effect on the date hereof if this is a rail or a rail water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNEE **System Environmental Corp**

CITY **Whiteland Pa** STATE **18052-1843**

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Com of applicable bill of lading, shipment is to be delivered consignee without recourse to consignor, the consignor shall make the following statement: The carrier shall not make de of this shipment without paym freight and all other lawful ch
13	40 cu ft Boxes Copolymer - Macro Fines, etc				
211	sacks copolymer - mixed Bed returned From Carnet's Port				
241	sticks	40,742			
SYNTHETIC SILICA, NOI, DENSITY OF 20#/CF OR GREATER NMFC # 176370-3 CLASS 50		APPROVALS: SHIPPER _____ Q.C. _____			
<p>*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."</p> <p>NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.</p> <p>The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____</p> <p>por</p> <p>†The Fibre Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of "Item 222 of National Motor Freight Classification". + Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.</p>					
BILLING ADDRESS: THE PUROLITE COMPANY 150 Monument Road Bala Cynwyd, PA 19004		ATTACH COPY #2 TO INVOICE		SHIPPER, PER AGENT PER <i>[Signature]</i> 10/10/06	3

permanent postoffice address of shipper.

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use On)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

PAR0000031849

II. Name of Installation (Include company and specific site name)

THE PUROLITE COMPANY

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3620 G STREET

Street (Continued)

City or Town

PHILADELPHIA

State

Zip Code

PA 19134-

County Code

County Name

101 PHILADELPHIA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

SACHDEV

NARVINDER

Job Title

Phone Number (Area Code and Number)

GENERAL MANAGER

610-668-9090

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

☒
☐
☐

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

BRO-TECH CORPORATION

Street, P.O. Box, or Route Number

150 MONUMENT ROAD

City or Town

State

Zip Code

BALA CYNWYD

PA 19004-

Phone Number (Area Code and Number)

610-668-9090

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

P

P

Yes

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activity

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Oil Meets the Specifications
2. Used Oil Burner - Indicate Type of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ 0028

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
F003
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

N. Sachdev

Name and Official Title (Type or print)

NARVINDER SACHDEV
GENERAL MANAGER

Date Signed

9/30/99

XI. Comments

OFN: Purolite - changed gen. status from CEG to SQG.

BAH/em 10/11/99

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



RECEIVED
FA/DC SECTION

OCT 6 1999

September 30, 1999

EPA REGION III

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Ms. Courtney Miller
U.S. Environmental Protection Agency
Region III
RCRA Program Branch
(3WC22)
1650 Arch Street
Philadelphia, PA 19103-2029

Subject: Notification of Regulated Waste Activity (EPA Form 8700-12)
Hazardous Waste Change of Generator Status

Dear Ms. Miller:

The Purolite Company (Purolite) is pleased to provide the U.S. Environmental Protection Agency (EPA) with this revised EPA Form 8700-12 (Notification of Regulated Waste Activity) for its manufacturing facility located at 3620 "G" Street, Philadelphia, Pennsylvania. Purolite is formally changing its hazardous waste generator status, Section VIII, A. Hazardous Waste Activity, Item 1 (Generator), from conditionally exempt small quantity generator (CESQG) to small quantity generator (SQG).

If there are any further questions regarding this subject, please feel free to contact me.

Sincerely,

Narvinder Sachdev
General Manager

Enclosure

Purolite/164/9908.2/lrw

cc: W. Kesack, IES
L. Howse, IES
A. Soni, IES



The Purolite Company, Division of Bro-Tech Corporation
3620 "G" Street, Philadelphia, PA 19134 USA
800-343-1500 • 610-668-9090 • Fax 215-425-7534
www.purolite.com • E-mail at purobala@cwixmail.com



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PAR000031849

10/29/99

INSTALLATION ADDRESS

PUROLITE CO THE
3620 G ST
PHILADELPHIA , PA 19134
NARVINDER SACHDEV GENL MGR
3620 G ST
PHILADELPHIA , PA 19134